

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 12/19/2005		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 12/22/2005							
		FINANCIAL PAYER: NCDMM							
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID	
3404901	SMOKY MOUNTAIN M H/DD/SAS	8505	5	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		0	0		0	5	5	0	
3404904	WESTERN HIGHLAN DS LME	11	12	CLIENT NOT ELIGIBLE ON SERVICE DATE					
		8505	4	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	18	60	42	
		8800	2	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.					
3404910	PATHWAYS	8535	289	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT					
		8505	163	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	2	855	7175	6293	
		8599	154	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404912	CATAWBA COUNTYM ENTAL HEALT	11	27	CLIENT NOT ELIGIBLE ON SERVICE DATE					
		8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	8	48	633	585	
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.					
3404913	NECKLENBURG COM ENTAL HEALT	21	701	DUPLICATE OF CLAIM-SYSTEM					
		8599	49	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	37	824	880	56	
		10	37	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR					
3404916	CROSSROADS BEHA VIORAL HEAL	8599	1476	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		21	100	DUPLICATE OF CLAIM-SYSTEM	3	1796	13510	11714	
		8518	61	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE					
3404917	CENTERPOINT HUM AN SERVICES	8599	220	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		8621	115	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	27	603	4386	3783	
		8518	60	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE					
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***					
		0	0		0	0	0	0	

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8518	369	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	367	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	38	1189	11637	10448
		21	181	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASHEL L AREA MH D	8505	2511	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	430	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	34	3256	6167	2911
		79	131	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404921	ORANGE PERSON C HATHAM AREA	5312	3045	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8505	183	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	16	3700	6957	3257
		8599	164	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	21	17024	DUPLICATE OF CLAIM-SYSTEM				
		8329	5693	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	30287	42582	12295
		8535	4869	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
3404923	FIVE COUNTY MH	8599	178	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	123	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	3	713	3893	3180
		79	111	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	317	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	316	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	68	1264	8197	6933
		8518	133	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404926	SOUTHEASTERN RE G MENTAL HL	5404	3021	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		8599	643	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	251	4750	7583	2833
		21	348	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404927	CUMBERLAND CO MHC	8599	114	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	55	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	223	2716	2493
		23	19	SERVICE REQUIRES PRIOR APPROVAL				
3404929	LEE HARNETT MHL/DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	161	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	8	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	4	173	173	0
		8932	3	CMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OF	11	74	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	43	DUPLICATE OF CLAIM-SYSTEM	5	163	730	567
		8534	33	SERVICE FACILITY LOCATION IS NOT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404932	RANDOLPH/SANDHILLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	159	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8621	20	60 RESIDENTIAL LEVEL III TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	1	216	1269	1053
		21	17	DUPLICATE OF CLAIM-SYSTEM				
3404934	ONSLow CARTERET BEHAV HEALTH	11	1296	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	76	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	1467	2232	765
		8534	55	SERVICE FACILITY LOCATION IS NOT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404936	WILSON-GREENE M	8599	122	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	9	AMTNC INELIGIBLE TO RECEIVE SE	11	137	1176	1039
				RVICES IN IPRS.				
		8518	2	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
3404937	EDGEcombe NASH	79	81	THIS SERVICE IS NOT PAYABLE TO				
	MNTL HLTH C			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		21	24	DUPLICATE OF CLAIM-SYSTEM	2	115	2639	2524
		191	5	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404938	VGFW DBA RIVERS	0	0	*** NO DATA TO REPORT ***				
	TONE COUNSE							
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE	21	66	DUPLICATE OF CLAIM-SYSTEM				
	ALTH CENTER							
		11	32	CLIENT NOT ELIGIBLE ON SERVICE	0	159	982	823
				DATE				
		8599	31	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404941	PITT CO MH/DD/S	8529	927	CLAIM DENIED ATTENDING PROVIDE				
	AS CENTER			R CANNOT BE THE SAME AS				
				THE LMA				
		8599	482	DETAIL NOT COVERED BY COMBINAT	24	1959	5124	3165
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	123	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404942	ROANOKE CHOWANH	8599	37	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE	3	43	772	729
				RVICES IN IPRS.				
		191	1	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404943	ALBEMARLE MENTA	21	485	DUPLICATE OF CLAIM-SYSTEM				
	L HEALTH CE							
		79	431	THIS SERVICE IS NOT PAYABLE TO	69	1111	3592	2481
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	40	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	PAID
3404944	EASTPOINTE HUMA N SERVICES	21	6799	DUPLICATE OF CLAIM-SYSTEM			
		79	409	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	85	7968	15587
		8599	389	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404946	FOOTHILLS AREAM ENTAL HEALT	8931	25	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
		0	0		25	25	25
3404957	TIDELAND MENTAL HEALTH CTR	8599	224	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		8518	99	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	8	387	3766
		191	44	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME			
3404979	NEW RIVER AREAM H/DD/SA PRO	8599	812	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		8931	106	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	115	1034	7110
		11	28	CLIENT NOT ELIGIBLE ON SERVICE DATE			